

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09785611	FILING DATE 02-16-01					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3	/						53					
4		/					54					
5		/					55					
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7		/					57					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4		↓		↓		TOTAL IND.		↓		↓	
TOTAL DEP.	13		↓		↓		TOTAL DEP.		↓		↓	
TOTAL CLAIMS	17						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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